REPORT TO THE

TWENTY-FIRST LEGISLATURE

STATE OF HAWAII

2002

PURSUANT TO
SECTION 32 OF PART III, ACT 259,
SESSION LAWS OF HAWAII 2001 (REGULAR SESSION),
REQUIRING A REPORT BY THE
DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
ON SUBSTANCE ABUSE TREATMENT FOR OFFENDERS

PREPARED BY:

ALCOHOL AND DRUG ABUSE DIVISION
DEPARTMENT OF HEALTH
STATE OF HAWAII
JANUARY 2002

EXECUTIVE SUMMARY

Act 259, Session Laws of Hawaii 2001, appropriated $2.192 million (of the $4.4 million requested), to be expended by the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD), in each of the years in Fiscal Biennium 2001-03, to provide a continuum of substance abuse treatment and integrated case management services for the offender – supervised release, probation, furlough and parole – populations. The appropriation (in Part III, Section 32), stipulates that:

> … the alcohol and drug abuse division (HTH 440), shall prepare and submit a detailed report on the purchase of substance abuse services, the number of individuals in the criminal justice population served, by category, and the success and recidivism rate for each population category; and provided further that this report shall be submitted to the legislature no later than twenty days prior to the convening of the 2002 and 2003 regular sessions.

Resource allocation. The resources will provide offenders – on supervised release, probation, furlough and parole – with integrated case management and safe, clean and sober housing, and substance abuse treatment services within each of the counties.

Upon completion of the Chapter 103F, Hawaii Revised Statutes, procurement process and contract execution, program start-up will commence in January 2002. The $2.192 million appropriation has been obligated to fund integrated case management services (at $570,538); safe, clean and sober housing (at $223,600); and substance abuse treatment (at $1,398,560) statewide for offenders on supervised release, probation, furlough and parole. A summary and brief description of the services to be provided within each county is detailed below.

SUMMARY OF FUNDING FOR INTEGRATED CASE MANAGEMENT; SAFE, CLEAN AND SOBER HOUSING; AND SUBSTANCE ABUSE TREATMENT SERVICES BY COUNTY					
FUNDING CATEGORY/ COUNTY	**KAUAI**	**OAHU**	**MAUI**	**HAWAII**	**TOTALS**
INTEGRATED CASE MANAGEMENT	$30,776 (13)	$317,229 (134)	$127,838 (54)	$94,695 (40)	$570,538 (241)
SAFE, CLEAN AND SOBER HOUSING	$11,600 (13)	$136,800 (134)	$40,400 (42)	$34,800 (34)	$223,600 (223)
SUBTOTAL	$42,376 (13)	$454,029 (134)	$168,238 (54)	$129,495 (40)	$794,138 (241)
SUBSTANCE ABUSE TREATMENT	$68,665 (13)	$775,393 (134)	$315,929 (54)	$238,573 (40)	$1,398,560 (241)
TOTAL	$111,041 (13)	$1,229,422 (134)	$484,167 (54)	$368,068 (40)	$2,192,698 (241)

Integrated case management and safe, clean and sober housing, in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii, will be provided by CARE Hawaii. The provider will serve 13 offenders on Kauai, 134 offenders on Oahu, 54 offenders (including 12 furloughees receiving transitional therapeutic living program services) in Maui County, and 40 offenders (including 6 furloughees receiving transitional therapeutic living program services) on the Big Island. A total of $794,138 is budgeted for integrated case management and safe, clean and sober housing services statewide.

Substance abuse treatment services to be provided within each of the counties are as follows:

Kauai. A total of 13 offenders on supervised release, probation and parole on Kauai would be admitted to Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. Residential treatment services will be provided at the agency's Oahu facility. A total of $68,665 is budgeted for substance abuse treatment services for offenders on Kauai.

Oahu. A total of 134 offenders on supervised release, probation and parole on Oahu would be admitted to Salvation Army – Addiction Services or Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. A total of $775,393 is budgeted for substance abuse treatment services for offenders on Oahu.

Maui. A total of 54 offenders on supervised release, probation, furlough and parole in Maui County would be admitted to Aloha House or Hina Mauka for residential, day treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services. A total of $315,929 is budgeted for substance abuse treatment services for offenders on Maui.

Hawaii. A total of 40 offenders on supervised release, probation, furlough and parole on the Big Island would be admitted to the Big Island Substance Abuse Council (BISAC) for day treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services. A total of $238,573 is budgeted for substance abuse treatment services for offenders on the Big Island.

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SUBMITTED BY
THE DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
PURSUANT TO SECTION 32 OF PART III,
SESSION LAWS OF HAWAII 2001 (REGULAR SESSION)

PURPOSE

Act 259, Session Laws of Hawaii 2001, appropriated $2.192 million (of the $4.4 million requested), to be expended by the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD), in each of the years in Fiscal Biennium 2001-03, to provide a continuum of substance abuse treatment and integrated case management services for the offender – supervised release, probation, furlough and parole – populations.

This is the first of two reports in response to the Act 259-01 (Part III, Section 32) proviso, which stipulates that:

> … the alcohol and drug abuse division (HTH 440), shall prepare and submit a detailed report on the purchase of substance abuse services, the number of individuals in the criminal justice population served, by category, and the success and recidivism rate for each population category; and provided further that this report shall be submitted to the legislature no later than twenty days prior to the convening of the 2002 and 2003 regular sessions.

BACKGROUND

Throughout Fiscal Years 1999 and 2000, working groups addressed the need and demand for substance abuse treatment. In collaboration with other governmental and community-based agencies and organizations, ADAD developed the *Statewide Substance Abuse Treatment Plan* foundation document, which was submitted to the 2000 Legislature. On Oahu, six subcommittees were formed to focus on dual diagnosis, injection drug use, criminal justice, adolescents, adult services and treatment financing, and pregnant and parenting women. District Health Officers for each of the Neighbor Island counties convened groups to address each county's unique needs. Throughout subcommittee deliberations, participants identified and defined the availability of treatment services and the alternatives and strategies for funding services.

In addition, a House-Senate Substance Abuse Treatment Policy Working Group consisting of the Chairpersons of the Senate Committees on Ways and Means, Judiciary and Health and Human Services, and the House Committees on Finance, Judiciary and Hawaiian Affairs, and Public Safety and Military Affairs, convened meetings between August and December 1999 to build consensus on addressing policy issues relating to substance abuse. Concurrently, a working group convened by the Department of Public Safety, collaborated with the Hawaii Paroling

Authority, Department of Health and the Judiciary's Adult Probation Division to focus on providing substance abuse treatment within the criminal justice system. The focus on the offender population led to the development of the Administration initiative to provide substance abuse treatment services for the offender population.

SUBSTANCE ABUSE TREATMENT AND INTEGRATED CASE MANAGEMENT SERVICES FOR OFFENDERS

Interagency coordination. Subsequent to the appropriation of funds, an interagency Offender Substance Abuse Treatment Team (OSATT) was convened to implement the Administration initiative to integrate and coordinate substance abuse treatment for offenders across the criminal justice continuum. The purpose of the OSATT, which is composed of representatives of the Department of Public Safety, the Department of Health, the Judiciary and the Hawaii Paroling Authority, is to delineate areas of responsibility among the participating agencies to provide appropriate substance abuse integrated case management and treatment services to offenders on supervised release, probation, furlough and parole.

For the purpose of this report, the "criminal justice system" is defined as being composed of: the State Judiciary, which is responsible for the adult offenders sentenced to probation; the Department of Public Safety, which is responsible for offenders on supervised release and furlough; and the Hawaii Paroling Authority, which supervises offenders on parole. A brief description of each of the components is as follows:

> **Supervised release.** The Department of Public Safety's Intake Service Center (ISC) administers the Supervised Release program for pretrial offenders who have been assessed not to be a flight risk or a public safety risk and are released into the community pending adjudication. The Supervised Release program provides for an alternative to incarceration while providing access to substance abuse treatment when available.
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> **Probation.** The Judiciary's Adult Probation oversees approximately 15,500 adult offenders sentenced to court supervision, including conditional release from the Hawaii State Hospital. Adult Probation promotes public safety through services that emphasize offender accountability and facilitates services that bring about improvement in resolving offenders' problems. (The probation officer to probationer staffing ratio is 1:180, which is more than double the ideal 1:70 rate.)
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> **Corrections/furlough.** Through its Corrections Division, the Department of Public Safety (PSD) provides custody, care and assistance for the rehabilitation of offenders incarcerated in jails (i.e., community correctional centers) for a period of less than one year, and felons who are incarcerated in prisons (i.e., correctional facilities) for a period exceeding one year. Units within the Division provide substance abuse programming and education, therapeutic community programs and transitional therapeutic living services. The transitional therapeutic living services are presently offered on Oahu and the island of Hawaii.

Parole. The Hawaii Paroling Authority (HPA), which is a quasi-judicial body administratively attached to the Department of Public Safety, supervises offenders who are paroled from prison. The HPA is responsible for public safety and offenders' reintegration into the community. (The parole officer to parolee staffing ratio is 1:100, which is nearly 50% over the ideal rate of 1:70.)

Department of Health. Through its Alcohol and Drug Abuse Division (ADAD), the Department of Health provides for the development and delivery of substance abuse prevention and treatment services. ADAD is the primary and often sole source of public funds for substance abuse prevention and treatment services. The agency's efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the needs of individuals and families.

Target population. Estimates for each of the subpopulations within the criminal justice system to be targeted by this initiative are as follows:

Supervised release. Of the 600 offenders approved for the supervised release program, 150 (25%) had their supervised release status revoked; 120 (80%) were drug-related revocations.

Probation. Of the 15,000-plus probationers, 595 (4%) were incarcerated for violating conditions of probation; 150 (25%) violated their probation for drug-related reasons.

Corrections/furlough. The corrections/furlough population requires transitional therapeutic living services on Maui and Kauai for males and females who are eligible for community custody with one to two years remaining to be served on their minimum sentences.

Parole. Of the 1,300-plus parolees, 433 (33%) were incarcerated for violating conditions of parole; 175 (40%) violated their parole for drug-related reasons.

Goals. To reduce the severity and disabling effects related to alcohol and other drug use for the offender population while preserving the client's due process rights and public safety, the OSATT agreed to the following program related goals:

To establish an effective integrated case management system that accepts referred offenders from the Department of Public Safety, Judiciary, and Hawaii Paroling Authority for the purpose of providing effective integrated case management across jurisdictions.

To utilize best practices in the continuum of substance abuse treatment services within the community to refer offenders who are at risk of returning to custody.

To provide a collaborative approach to supervising and treating the substance abusing offender in the community through cooperative efforts of criminal justice agencies' staff, integrated case managers and substance abuse treatment providers.

To reduce the return to custody rate of offenders on supervised release, furlough, probation or parole in a manner that promotes substance abuse treatment while being conducive with public safety.

Description of services. There is a critical need for substance abuse treatment that provides a long-term, integrated continuum of residential, day treatment, intensive outpatient and therapeutic living program services that are linked with criminal justice programs that serve those who are on supervised release, probation, furlough or parole. Sufficient funding would provide treatment and case management services for nonincarcerated offenders to achieve reductions in negative behavior and improvements in personal achievement and reintegration into the community.

The treatment process requires a significant amount of time, patience, flexibility and resolve. Alcohol and other drug abuse is a family and community problem that must address all major areas of the individual's life: physical health and basic needs; family and support systems; economic livelihood or productivity; psychological well-being; and spiritual guidance and wholeness. These must be provided within the context of an integrated, holistic approach rather than fragmented services which are not coordinated.

In order to successfully divert criminal justice clients from incarceration, additional resources in supervision and treatment services are critical. This initiative focuses on a drug treatment strategy to divert offenders who are at risk of being incarcerated or re-incarcerated –

An inter-jurisdictional, integrated case management model will be implemented so that an efficient, effective continuum of treatment is possible. By linking substance abuse treatment services with all phases of the criminal justice system, the offender will be provided a better chance at successful reintegration.

Residential beds and outpatient services will be funded at each of the four phases of the criminal justice system: pretrial/presentence, probation, furlough and parole.

The process of screening, which is a large part of risk assessment and treatment, will be improved. A variety of screening and assessment tools will be used and a standard will be recognized.

System improvements to divert non-violent drug offenders from entering the correctional system require a balance of treatment services and expanded correctional options. Expanded treatment programs, a more thorough screening process to match substance abusers with programs to meet their specific needs, and probation alternatives for non-violent offenders are critical elements to creating a coordinated, integrated and adequately funded system. Services to be funded will address:

Public health, as clients who are admitted require multiple interventions for primary medical care, mental health services and long-term polydrug use – all of which are either underfunded or unfunded.

Public safety, at each stage of the criminal justice continuum, the client to public safety staff ratio exceeds recommended average caseloads. For clients participating in this project, the collaboration between the supervising public safety entity, integrated case manager, substance abuse treatment provider and public health clinician will ensure compliance with treatment and the terms and conditions of in-community supervision.

Each offender who participates in this program will be assigned a treatment counselor and a criminal justice case manager (i.e., ISC case manager, probation officer, correctional case manager or parole officer). The substance abuse counselor, substance abuse case manager and supervising officer will form a treatment team that will share dual responsibilities in providing comprehensive case management services to the offender. The substance abuse case manager will follow the offender through the criminal justice system, providing continuity of treatment as an offender enters and is admitted into the criminal justice system.

This integrated approach to case management will link substance abuse treatment services with all phases of the criminal justice system. Treatment resources will be maximized and sanctions – from more intensive supervision to incarceration – for program violations and relapses will be immediate. The offender's supervising officer and case manager will make recommendations to the court or the authoritative body that has jurisdiction over the offender.

The responsibility of the substance abuse case manager will be to link the offender to appropriate treatment services by using screening and assessment tools, developing treatment plans, participating in the coordination of ancillary services, making treatment service referrals, and monitoring treatment compliance. The supervising officer – in collaboration with the substance abuse case manager – will monitor and supervise the offender, and develop case plans to meet the service needs of the offender without compromising public safety. The substance abuse case manager will be available twenty-four hours a day, seven days a week, to provide crisis intervention services.

Scheduled case conferences will be held between the substance abuse case managers and supervising officers to review offenders' treatment needs and progress, assess treatment goals and accomplishments, and address compliance issues. Case conferences will also address multi-faceted problem areas as they arise. These conferences will enable immediate coordination of the offender's service needs, whereby a mutual decision can be made as to what is required for the offender to remain in community supervision or return to incarceration.

To facilitate sound decision making, substance abuse case managers will be cross trained in the legal implications of the offender's (non)compliance and with terms and conditions of probation, corrections, and parole; as well as continuous participation in treatment. Supervising officers

will receive training in the biopsychosocial dimensions of addiction and approaches to the treatment process.

The utilization management team will be a part of the integrated case management plan. The team will be responsible for minimizing and monitoring treatment costs by making appropriate client placements and clinical decisions.

Eligibility criteria. Those who will be admitted for substance abuse treatment include: pretrial/presentence offenders who are pending adjudication; probationers, adjudicated offenders who have been sentenced to a term of probation; inmates who are on furlough transitioning back into the community; and parolees who have completed their term of incarceration and who are released to the supervision of the Hawaii Paroling Authority. Referrals of offenders will be made by the Department of Public Safety (Intake Service Centers and Corrections Division), the Judiciary's Adult Probation Division and the Hawaii Paroling Authority.

The target population for substance abuse integrated case management services includes adults 18 years and over who are under the supervision of the Department of Public Safety's Intake Service Center, the Judiciary's Adult Probation, the Department of Public Safety's Corrections Division or the Hawaii Paroling Authority. It is anticipated that services will be provided to approximately 60 pretrial release offenders, 75 felons on probation, 18 inmates in transition (i.e., furloughees, with an approximate male: female ratio of 2:1) and 88 parolees.

All referrals will be made by one of the four participating criminal justice agencies. All clients will be assessed by the appropriate criminal justice agency as being at medium-to-high risk for recidivism due to the presence of substance dependence and shall meet the American Psychiatric Association *Diagnostic and Statistics Manual of Mental Disorders, Fourth Edition* (DSM-IV) criteria for substance dependence. All clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine (ASAM) *Patient Placement Criteria, Second Edition* (PPC-2R) for admission, continuance and discharge. Financial eligibility requirements limit admission to those whose incomes do not exceed 300 percent of the poverty level for Hawaii as defined by current Federal poverty level standards.

Criteria for admission include:

The offender must have a substance abuse diagnosis that is a primary source of functional diagnosis, which if addressed, would greatly decrease the offender's probability of re-offense.

The offender must be under the supervision of the Judiciary, the Department of Public Safety or the Hawaii Paroling Authority.

The offender must agree to engage in treatment.

The offender must be a non-violent offender, which is defined as a person who has not committed serious and/or substantial bodily injury as defined by Chapter 707, HRS, within

the previous 5 years and is not currently charged with committing such injury. (Exceptions to this requirement will be approved only if agreed upon by the referring criminal justice agency and the Integrated Case Management program administrator.)

The offender must not display current assaultive behaviors.

The offender must be financially unable to seek treatment independently.

The offender's risk of recidivism and incarceration must be moderate to high.

SUBSTANCE ABUSE INTEGRATED CASE MANAGEMENT

Substance abuse integrated case management (ICM) services for eligible pretrial release offenders, probationers, furloughed offenders in transition and parolees are intended to aid interagency collaboration in the treatment of substance abuse, promote diversion from incarceration, increase supervision of offenders with substance dependence problems, control costs by assignment of clients to clinically appropriate services, and serve as the point for coordination of clinical and administrative/legal accountability. The objective of ICM is to provide quality services to offenders as early in the criminal justice continuum as possible. ICM brings together the influence of legal sanctions with recommended treatment modalities. Through treatment matching and closely supervised community reintegration, ICM seeks to permanently interrupt the cycle of addiction, criminality, arrest, conviction, incarceration, release, criminality and re-arrest. ICM intervenes in the drug-crime cycle by selecting appropriate drug-involved offenders for treatment; facilitating entry into the recovery process; advocating for the offender's opportunity to successfully compete ICM and treatment requirements; ensuring community safety; and consequently, minimizing the impact of recidivism on the criminal justice system. ICM supports the concept of continuous care from the person's initial arrest through his or her reintegration into the community as a means of ensuring continuous treatment for offender clients, increasing treatment retention, improving treatment outcomes and reducing criminal recidivism. ICM entails coordinating the entire system of care for the offender, including an intensive level of outreach beyond what treatment providers and probation and parole officers are able to provide in coordinating treatment, relapse prevention and social services pre-and post-release.

ICM services are rehabilitative. Environmental support and supportive interventions will be employed to assist the offender in gaining access to necessary services and achieving identified recovery goals. Services are intended for the maximum reduction of substance abuse and to enable the person to return to the highest possible level of functioning. Each offender will be assigned a primary case manager who coordinates and monitors the activities of the offender's service providers and has primary responsibility to write the overall service plan in collaboration with the supervising criminal justice agency. The primary case manager provides individual supportive services, ensures that immediate changes are made in the service plan as the offender's needs change, and advocates for the offender's due process rights and preferences. The primary case manager provides input to the substance abuse treatment program in its

development of the offender's specific substance abuse treatment plan. The case manager is also the first staff person called when the offender is in crisis, and is the primary support person and educator to the offender's family. For an offender client who is dually diagnosed with mental illness and substance dependence, and for whom services are not available in a dual diagnosis-specific treatment program, the primary case manager will coordinate treatment services between the substance abuse and mental health systems.

Integrated case management services include:

Screening/clinical assessment. An offender referred to ICM is screened to determine eligibility and appropriateness. A comprehensive and multidimensional assessment of the offender's criminogenic needs, substance-related disorder and treatment needs, and ancillary needs using the framework of the Addiction Severity Index (ASI) as well as other appropriate assessment instruments, and the ASAM PPC-2R dimensions is used to determine clinical severity and what type of programmatic intervention is appropriate. Through the assessment process, the offender's needs will be identified and prioritized in the case plan for service delivery. Assessment also is used on a continuing basis to review treatment progress and treatment outcomes to determine whether the offender is responding to treatment and to determine the extent of behavioral changes, success and failure.

Individual service planning. Individualized service plans match the offender's need for substance abuse treatment with community-based resources. These plans may include provisions for linkage to substance abuse treatment, vocational/educational resources, medical/mental health providers, safe clean and sober housing, or other ancillary services. The individualized service plans are developed collaboratively by a team of the supervising criminal justice agency, the ICM, and the offender, and support a seamless system. The unified plans will include the elements of treatment and control necessary to ensure compliance in both areas. Cognitive behavioral interventions will be used to assist with skill building and cognitive restructuring as a means of reducing recidivism.

Pre-treatment services. Pre-treatment services prepare the offender for treatment, thereby enhancing the likelihood of successful recovery. While the offender is awaiting placement into treatment, these services help the criminal justice system by closely monitoring clients until an appropriate treatment slot becomes available.

Court/supervising criminal justice agency technical assistance and support. ICM provides assistance to the supervising criminal justice agencies in making decisions about possible offender options through objective testimony and written reports documenting the results of all assessments, monthly progress and termination decisions. The ICM provides its expert, objective testimony at all stages of criminal justice processing – pretrial, sentencing, and at violation hearings. ICM negotiates with the supervising criminal justice agency for sanctions that make clinical sense and promotes substance abuse treatment as an alternative to incarceration. In addition to providing formal testimony and reports, ICM also participates in scheduled case conferences and staff

meetings with criminal justice personnel to clarify ICM findings in an objective manner and to educate criminal justice personnel about ICM procedures and treatment expectations.

Service referrals and placement into substance abuse treatment. ICM is responsible for determining the offender's service needs at the time of the initial assessment and throughout the course of the offender's involvement with ICM. Along with substance abuse treatment, ICM also makes referrals to ancillary services such as GED classes, Supplemental Security Income (SSI), literacy programs, vocational rehabilitation, and other health and human services resources or entitlements. The treatment matching process identifies the level of substance abuse treatment and other support needs, which builds on the intervention needs identified in the supervising criminal justice agency and the ICM assessment processes. Treatment matching also should be consistent with the overall goals for this program. The process of placement into substance abuse treatment involves close partnership with community-based providers as well as with the supervising criminal justice agencies. Using the ASAM PPC-2R criteria, ICM seeks to match people's need to providers who are capable of addressing those needs. Matching the offender to a service provider is done after the offender is matched to the appropriate level of care. Matching takes into account not only the level of care, but also the individual's needs such as transportation, gender, cultural competence of the provider, psychiatric needs, childcare, other physical and mental health special needs and offender preference. ICM schedules intake appointments, shares assessment information with treatment providers as appropriate, transports offender to treatment when necessary, and follows up to ensure successful offender entry into treatment.

Monitoring. While the offenders are in treatment, ICM-assigned staff visits treatment facilities to monitor the offender's progress. The process is routinely reported to the referring supervising criminal justice agency. As new needs arise or when the offender experiences difficulty, ICM may revise the service plan or provide other interventions to support progress toward recovery. ICM intervention may include increasing the involvement of the supervising criminal justice agency in order to maintain the offender's level of motivation, compliance progress and commitment. Routine reports and ongoing communication enables the criminal justice system to stay informed of the offender's status in treatment. Regular monitoring also enables prompt reassessment of an early intervention for any potential problems.

Urinalysis. Urine testing is used to change offender behavior and thereby reduce criminal activity. Urinalysis is a component of the initial screening to confirm substance use. After the screening process, urinalysis is used to provide baseline information on the nature of the offender's drug dependencies, and allows appropriate referrals to treatment services. Urinalysis is used to monitor treatment progress and provide credible and timely information on the offender's continued use or abstinence from specific drugs. Urinalysis provides objective information in compliance with the criminal justice mandate. Urinalysis by the ICM would supplement the testing activities of the offender's treatment program to avoid unnecessary duplication of efforts.

HIV/AIDS services. ICM conducts or arranges for HIV/AIDS education for offenders on an individual and/or group basis. This may include general education regarding HIV and the transmission of the virus, risk assessment, risk-reduction strategies, pre- and post-test counseling and one-on-one consultation.

Consultation and technical assistance. ICM provides case consultation and technical assistance to supervising criminal justice agency staff, and services as the liaison between the criminal justice supervising agencies and the ADAD-funded substance abuse treatment system.

Safe, clean and sober housing. ICM makes arrangements for unsupervised, independent living arrangements for offenders who do not need professional or paraprofessional support or supervision or assistance in daily living activities, but for whom the daily presence of clean and sober peers is desirable for a transition period immediately prior to full reintegration into the community. The living arrangement shall be in a private residence with a clean and sober family or (subject to county zoning codes) with three or more unrelated clean and sober persons served by any substance abuse treatment program, preferably within a twelve-month period. Initial assistance with room and board expenses may be provided, subject to fiscal limitations – i.e., not more than $72,000 shall be spent for the pretrial population; not more than $90,000 shall be spent for the probation population; and not more than $61,600 shall be spent for the parole population. Otherwise, the offender shall be responsible for the payment of all rent, food, utilities and other necessities, commodities or services. The ICM shall periodically monitor the housing unit to determine if the offender is progressing satisfactorily toward full reintegration into the community. This element shall be designed to allow offenders to be fully reintegrated into the community.

SUBSTANCE ABUSE TREATMENT SERVICES

Substance abuse treatment services for eligible pretrial release offenders, probationers and parolees shall be comprehensive and include a continuum of services such as residential, day, intensive outpatient and outpatient treatment modalities which are defined as follows:

A *residential program* provides a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring and treatment are available twenty-four hours a day, seven days a week. A residential program shall provide a minimum of twenty-five hours per week of face-to-face treatment, including a minimum of one hour per week of individual counseling. The other twenty-four hours shall include, but are not limited to, group counseling, education, skill building, recreational therapy and family services.

A *day treatment program* provides a planned regimen of comprehensive outpatient treatment including professionally directed evaluation, treatment, case management and

other ancillary and special services. This level of care provides the client with the opportunity to participate in a structured therapeutic program while being able to remain in the community. A day treatment program shall provide a minimum of twenty hours per week o face-to-face treatment with a minimum of one hour per week of individual counseling. The other nineteen hours shall include, but are not limited to, group counseling, education, skill building, recreational therapy and family services.

An *intensive outpatient program* provides non-residential intensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management and recovery services shall be provided. An intensive outpatient program shall provide a minimum of nine hours up to a maximum of nineteen hours per client per week of face-to-face treatment. At lease one hour per week must include individual counseling.

An *outpatient program* provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services shall be provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program. An outpatient program shall provide between one and eight hours per client per week of face-to-face treatment with a minimum of one hour of individual counseling per client per month. A reduced intensity outpatient program or "aftercare" provides between one and three hours per client per week of face-to-face treatment, generally in a group setting, prior to clinical discharge.

A *transitional therapeutic living program* will be funded which will provide a structured, single-sex residential living to offenders who are not yet eligible for full release into the community and who are currently receiving substance abuse treatment in intensive outpatient or outpatient treatment services, or who have been clinically discharged within six months from a substance abuse treatment program. The service provider will accept correctional clients who have been assessed by the Department of Public Safety as being appropriate for services and accepted by the ICM, unless the service provider presents justifiable reason that an inmate would not be admitted into the program.

The focus of this program is to provide the necessary support and encouragement so that the offender-client can complete treatment outside of the program adjust to a chemically abstinent lifestyle, and manage activities of daily living so that they can move towards independent housing and life management. Therapeutic living program will comply with *Standards for Community Residential Services* of the American Correctional Association (ACA). The therapeutic living program will also test for drug and alcohol use by residents, in accordance with approved Department of Public Safety policies and procedures. The therapeutic living program will report all violations of Department of Public Safety rules and regulations.

The transitional living program will provide a minimum of fifteen hours per week of face-to-face therapeutic activities to clients who are currently receiving intensive

outpatient or outpatient treatment services, or who have been clinically discharged within six months from a substance abuse treatment program. Therapeutic living activities can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, client support and advocacy, monitoring and follow-up.

In cooperation with the ICM, the program will link the offender to the appropriate level of substance abuse treatment as needed upon entry into the therapeutic living program. The program will test participating offenders for the use of drugs or alcohol in accordance with Department of Public Safety approved policies and procedures. In cooperation with the ICM, the program will assist in linking the offender to education and vocational training to increase marketability of the offender in the work force, which includes assessment of individual needs and services, pre-employment training classes, group and individual employment-related counseling, resume preparation and career exploration and job search. The program will assist each participating offender in seeking, obtaining and maintaining approved employment and obtaining transportation agreed upon by the service provider and the Department of Public Safety.

The program will enable the participating offender to engage in meaningful leisure, social and recreational activities. The program will assist the offender with personal budgeting to ensure that he or she has a viable plan to meet financial obligations and to accumulate savings for use after release from incarceration. The program will arrange for transportation for PSD-approved medical, dental and substance abuse treatment services. The program will assist the offender in adjusting to independent living in the community and in developing the skills necessary for successful reintegration with the community.

PERFORMANCE MEASUREMENTS

Performance measures will be summarized and analyzed on a yearly basis as specified in ADAD's year-end program report and will be based on specified client data elements:

MEASURE	PERFORMANCE OUTCOMES TO BE ACHIEVED
Maximize utilization of resources.	Percent and number of weeks services operating at a minimum of 90% of proposed capacity.
Maximize treatment completion.	Percent and number of clients completing treatment.
Maximize client retention.	Percent and number of clients who complete at lease two months of treatment.
Maximize treatment gains.	Percent and number of clients who complete six months of continuing care.
Expected rate of follow-up contacts.	Percent and number of follow-up contacts.
Maximize employment.	Percent and number employed at follow-up.
Maximize stable living environment.	Percent and number in stable living arrangements at follow-up.
Minimize need for more substance abuse treatment.	Percent and number of clients receiving substance abuse treatment since discharge.
Minimize need for more substance abuse treatment.	Percent and number of clients currently in substance abuse treatment.
Maximize improvement in mental health status.	Percent and number of clients experiencing significant periods of psychological distress within past thirty days..
Maximize treatment gains.	Number of days of work/school missed because of drinking/drug use within past thirty days.
Minimize legal involvement.	Percent and number of clients arrested since discharge.
Minimize for acute medical treatment.	Percent and number of clients with emergency room visits since discharge.
Maximize improved medical status.	Percent and number of clients hospitalized for medical problems since discharge.
Achieve and maintain abstinence.	Percent and number of clients reporting use thirty days prior to follow-up.
Minimize injection drug use.	Percent and number of clients reporting usual route of administration.
Maximize employment.	Percent of clients treated who are in school or engaged in a vocational training program.
Maximize stable living environment.	Percent and number of clients treated with stable living arrangements during the prior thirty days.
Maximize parole/probation compliance.	Percent and number of clients treated who comply with probation/parole conditions.
Maximize social support participation.	Percent and number of clients treated who have attended support group meetings at lease weekly during the past thirty days.

RESOURCE ALLOCATION

The resources will provide offenders on supervised release, probation, furlough and parole with integrated case management and safe, clean and sober housing, and substance abuse treatment services within each of the counties.

Upon completion of the Chapter 103F, Hawaii Revised Statutes, procurement process and contract execution, program start-up will commence in January 2002. The $2.192 million appropriation has been obligated to fund integrated case management services (at $570,538); safe, clean and sober housing (at $223,600); and substance abuse treatment (at $1,398,560) statewide for offenders on supervised release, probation, furlough and parole. A summary and brief description of the services to be provided within each county is detailed below.

SUMMARY OF FUNDING FOR INTEGRATED CASE MANAGEMENT; SAFE, CLEAN AND SOBER HOUSING; AND SUBSTANCE ABUSE TREATMENT SERVICES BY COUNTY					
FUNDING CATEGORY/ COUNTY	**KAUAI**	**OAHU**	**MAUI**	**HAWAII**	**TOTALS**
INTEGRATED CASE MANAGEMENT	$30,776 (13)	$317,229 (134)	$127,838 (54)	$94,695 (40)	$570,538 (241)
SAFE, CLEAN AND SOBER HOUSING	$11,600 (13)	$136,800 (134)	$40,400 (42)	$34,800 (34)	$223,600 (223)
SUBTOTAL	$42,376 (13)	$454,029 (134)	$168,238 (54)	$129,495 (40)	$794,138 (241)
SUBSTANCE ABUSE TREATMENT	$68,665 (13)	$775,393 (134)	$315,929 (54)	$238,573 (40)	$1,398,560 (241)
TOTAL	$111,041 (13)	$1,229,422 (134)	$484,167 (54)	$368,068 (40)	$2,192,698 (241)

Integrated case management and safe, clean and sober housing, in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii, will be provided by CARE Hawaii. The provider will serve 13 offenders on Kauai, 134 offenders on Oahu, 54 offenders (including 12 furloughees receiving transitional therapeutic living program services) in Maui County, and 40 offenders (including 6 furloughees receiving transitional therapeutic living program services) on the Big Island. A total of $794,138 is budgeted for integrated case management and safe, clean and sober housing services statewide.

Substance abuse treatment services to be provided within each of the counties are as follows:

> **Kauai.** A total of 13 offenders on supervised release, probation and parole on Kauai would be admitted to Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. Residential treatment services will be provided at the agency's Oahu facility. A total of $68,665 is budgeted for substance abuse treatment services for offenders on Kauai.

Oahu. A total of 134 offenders on supervised release, probation and parole on Oahu would be admitted to Salvation Army – Addiction Services or Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. A total of $775,393 is budgeted for substance abuse treatment services for offenders on Oahu.

Maui. A total of 54 offenders on supervised release, probation, furlough and parole in Maui County would be admitted to Aloha House or Hina Mauka for residential, day treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services. A total of $315,929 is budgeted for substance abuse treatment services for offenders on Maui.

Hawaii. A total of 40 offenders on supervised release, probation, furlough and parole on the Big Island would be admitted to the Big Island Substance Abuse Council (BISAC) for day treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services. A total of $238,573 is budgeted for substance abuse treatment services for offenders on the Big Island.